IN THE UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF GEORGIA ATLANTA DIVISION

IN RE: *

* CHAPTER 13

EMMANUEL PAUL HARRIS * CASE NO. 19-69044-PMB

*

DEBTOR *

AMENDED CHAPTER 13 SCHEDULES

COMES NOW EMMANUEL PAUL HARRIS Debtor in the above styled case and files these amended Chapter 13 Schedules and shows the court the following:

- 1. Schedule J is amended so as to reflect debtors current expenditures.
- 2. The amended schedules are attached hereto.

This ^{7th} day of April 2020	
	/s/
	Emmanuel P. Harris, Debtor

The above debtor declares under penalty of perjury that the foregoing is true and correct.

Giddens, Mitchell & Associates PC. Attorneys for Debtor

By: /s/ _____ Ken Mitchell, Ga. Bar#523130

3951 Snapfinger Pkwy Suite 555 Decatur, Georgia 30035 (770)987-7007

CERTIFICATE OF SERVICE

This is to certify that a true copy of the foregoing AMENDED CHAPTER 13 SCHEDULES was mailed to the Chapter 13 Trustee and to those creditors listed on distribution sheet attached hereto this 7th day of April 2020.

/s/ ____ Ken Mitchell, Ga. Bar# 513230

3951 Snapfinger Pkwy Suite 555 Decatur, Georgia 30035 (770)987-7007

Case 19-69044-pmb Doc 22 Filed 04/07/20 Entered 04/07/20 11:22:46 Desc Main Document Page 3 of 7

Fill	in this information to identify your case:				
Deb	etor 1 Emanuel Paul Harris			if this is: .n amended filing	
	otor 2		│	supplement show	ring postpetition chapter
(Sp	ouse, if filing)		1	3 expenses as of t	he following date:
Uni	ted States Bankruptcy Court for the: NORTHERN DISTRICT OF GEOR	RGIA	N	MM / DD / YYYY	
	nown) 19-69044				
_	fficial Form 106J				
	chedule J: Your Expenses				12/15
info	as complete and accurate as possible. If two married people are primation. If more space is needed, attach another sheet to this further (if known). Answer every question.				
Par	t 1: Describe Your Household				
1.	Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a separate household? No Yes. Debtor 2 must file Official Form 106J-2, Expenses	s for Separate Hous	<i>ehold</i> of Debto	or 2.	
2.	Do you have dependents? 🛛 No				
	Do not list Debtor 1 Yes. Fill out this information for each dependent	Dependent's relati		Dependent's age	Does dependent live with you?
	Do not state the dependents names.				No
3.	Do your expenses include expenses of people other than yourself and your dependents?				∐ Yes
Est exp app	Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless your enses as of a date after the bankruptcy is filed. If this is a supplicable date. Indeexpenses paid for with non-cash government assistance if	lemental Schedule			
the	value of such assistance and have included it on <i>Schedule I: Y</i> ficial Form 106I.)			Your expe	enses
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	nclude first mortgag	e 4. \$		1,350.00
	If not included in line 4:				
	4a. Real estate taxes4b. Property, homeowner's, or renter's insurance		4a. \$ 4b. \$		0.00 0.00
	4c. Home maintenance, repair, and upkeep expenses		4c. \$		0.00
_	4d. Homeowner's association or condominium dues	mo oquity loops	4d. \$		0.00

Case 19-69044-pmb Doc 22 Filed 04/07/20 Entered 04/07/20 11:22:46 Desc Main Document Page 4 of 7

tricity, heat, natural gas er, sewer, garbage collection phone, cell phone, Internet, satellite, and cable services er. Specify: housekeeping supplies and children's education costs laundry, and dry cleaning care products and services and dental expenses ation. Include gas, maintenance, bus or train fare. ude car payments. nent, clubs, recreation, newspapers, magazines, and books e contributions and religious donations . ude insurance deducted from your pay or included in lines 4 or 20. insurance th insurance cle insurance. Specify: not include taxes deducted from your pay or included in lines 4 or 20. at or lease payments: payments for Vehicle 1 payments for Vehicle 2 par. Specify: ments of alimony, maintenance, and support that you did not report as from your pay on line 5, Schedule I, Your Income (Official Form 106I). ments you make to support others who do not live with you.	6a. 6b. 6c. 6d. 7. 8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. 17a. 17b. 17c. 17d.	\$	0.00 158.00 0.00 300.00 0.00 20.00 25.00 50.00 100.00 40.00 0.00 549.00 0.00 0.00 0.00 0.00 0.00 0.00
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	18.	\$	0.00
	10.	\$	0.00
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property expenses not included in lines 4 or 5 of this form or on Sched		our Income.	
gages on other property	20a.		0.00
			0.00
		¢	0.00
			0.00
			0.00
			0.00
	_ 21.	+\$	0.00
your monthly expenses			
3			2,942.00
line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
ne 22a and 22b. The result is your monthly expenses.		\$	2,942.00
your monthly net income.			
•	232	\$	3,838.00
			2,942.00
, ,	۷۵۵.	Ψ	2,372.00
tract your monthly expenses from your monthly income.			
result is your <i>monthly net income</i> .	23c.	\$	896.00
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Case 19-69044-pmb Doc 22 Filed 04/07/20 Entered 04/07/20 11:22:46 Desc Main Document Page 5 of 7

Fill	in this information to i	dentify your c	ase:				
Deb	tor 1 Emanu	uel Paul Har	Middle Name	Last Name			
	otor 2 use if, filing) First Name		Middle Name	Last Name			
			NORTHERN DISTRICT		4		
	ed States Bankruptcy C		NORTHERN DISTRICT	OF GEORGIA	1.		
Cas (if kn	e number 19-69044						if this is an ded filing
					_		-
Of	ficial Form 106	6Sum					
				d Certain Statistica			12/15
info	mation. Fill out all of y	our schedule	s first; then complete the	are filing together, both are e e information on this form. If the box at the top of this pag	you are filing amend		
Par	1: Summarize Your	Assets					
						Your as Value o	ssets f what you own
1.	Schedule A/B: Proper 1a. Copy line 55, Total					\$	61,550.00
	1b. Copy line 62, Total	personal prop	erty, from Schedule A/B			\$	8,664.00
	1c. Copy line 63, Total	of all property	on Schedule A/B			\$	70,214.00
Par	2: Summarize Your	Liabilities					
							abilities t you owe
2.			ims Secured by Property (in A, Amount of claim, at th	(Official Form 106D) he bottom of the last page of Pa	art 1 of Schedule D	\$	141,134.03
3.			Insecured Claims (Official (priority unsecured claims	Form 106E/F) s) from line 6e of <i>Schedule E/F</i> .		\$	0.00
	3b. Copy the total clair	ms from Part 2	(nonpriority unsecured cla	aims) from line 6j of <i>Schedule E</i>	E/F	\$	7,844.78
					Your total liabilities	\$	148,978.81
Par	3: Summarize Your	Income and I	Expenses				
4.	Schedule I: Your Incom Copy your combined m			I		\$	3,838.00
5.	Schedule J: Your Expe Copy your monthly exp					\$	2,942.00
Par	4: Answer These Q	uestions for A	Administrative and Statis	stical Records			
6.			r Chapters 7, 11, or 13? on this part of the form. Ch	neck this box and submit this fo	rm to the court with yo	our other sch	nedules.
7.	Yes What kind of debt do	you have?					
				lebts are those "incurred by an ig for statistical purposes. 28 U.S		a personal,	family, or
	Your debts are n			e nothing to report on this part	of the form. Check thi	s box and s	ubmit this form to

Case 19-69044-pmb Doc 22 Filed 04/07/20 Entered 04/07/20 11:22:46 Desc Main Document Page 6 of 7

3. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

2	3,838.00
μ	3,000.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Aldridge Pite LLP 15 Piedmont Center 3575 Piedmont Road NE Suite 500 Atlanta, Georgia 30305

Bryce R. Noel Aldridge Pite LLP 15 Piedmont Center 3575 Piedmont Road NE Suite 500 Atlanta, Georgia 30305

Bank of America, N.A. PO Box 982284 El Paso, TX 79998-2238

Ally Financial PO Box 130424 Roseville, MN 55113

Midland Funding, LLC Midland Credit Management, Inc As agent for Midland Funding, LLC PO Box 2011 Warren, MI 48090

Taylor S. Mansell 211 Perimeter Center Parkway, N.E. Suite 300 Atlanta, GA 30346

Wells Fargo Bank, N.A. P.O. Box 14411 Des Moines, IA 50306

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